



MEMORANDUM

Agenda Item No. 11(A)(14)

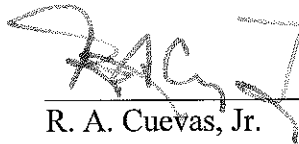
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 5, 2012

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively authorizing
in-kind services for the April 27-28,
2012 "Northwest Relay for Life"
event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Barbara J. Jordan.



R. A. Cuevas, Jr.
County Attorney

RAC/cp

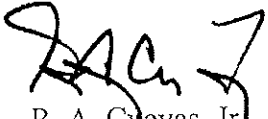


MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 5, 2012

FROM: 
R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 11(A)(14)

Please note any items checked.

- ☐ "3-Day Rule" for committees applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous____) to approve
- ☒ Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(14)
6-5-12

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT, PUBLIC WORKS AND WASTE MANAGEMENT DEPARTMENT AND POLICE DEPARTMENT FOR THE APRIL 27-28, 2012 "NORTHWEST RELAY FOR LIFE" SPONSORED BY THE AMERICAN CANCER SOCIETY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,862.23 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 1 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, American Cancer Society, Inc., has requested in-kind services from the Parks, Recreation, and Open Spaces Department, Public Works and Waste Management Department, and the Police Department for the April 27-28, 2012 "Northwest Relay for Life" event in an amount not to exceed \$2,862.23 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Northwest Relay for Life" event is raise funds for the American Cancer Society, and awareness regarding the fight against cancer; and

WHEREAS, the American Cancer Society, Inc. is a not-for-profit organization; and

WHEREAS, the "Northwest Relay for Life" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$2,862.23 of the in-kind services shall be funded from the unspent balance of the District 1 FY 2008-09 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation, and Open Spaces Department, Public Works and Waste Management Department, and the Police Department, for the April 27-28,

2012 "Northwest Relay for Life" sponsored by American Cancer Society, Inc. in an amount not to exceed \$2,862.23 to be funded from the unspent balance of the District 1 FY 2008-09 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Barbara J. Jordan. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Esteban L. Bovo, Jr.	Jose "Pepe" Diaz
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of June, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 376-5143
Fax: (305) 376-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☒ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event** - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event Commissioner B. Jordan

1. Full legal name of the requesting organization: American Cancer Society

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

Arleen Uria-Speed Arleen.UriaSpeed@cancer.org
3363 W. Commercial Blvd. 954-465-5972 cell
Fort Lauderdale, FL 33309 954-561-8072

4. Specify fee waiver or in-kind service requested (quantify, if applicable) (From Parks & Rec) 1 Large

Showmobile. From (Police Dept) 1 Large Tent 20x30, 2
light tower generators, 6 Tables & 15 chairs. From (Solid
Waste) 10 E-2 go waste carts.

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Relay for Life
is a overnight 18 hour event fundraising event for the
American Cancer Society. The money raised goes for
research programs and services that are offered free
to community and cancer prevention.
6. Please select ALL that apply to event:
- ☐ Economic Development: Event supports vitality or growth of the local economy
 - ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
 - ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
 - ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
 - ☐ Environmental: Event benefits environmental concerns or promotes conservation
 - ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation
7. Physical address of event venues (please specify Commission District(s)): Betty T. Ferguson Complex
3000 N.W. 199th Street
Miami Gardens, FL 33056
8. Description of regional or local impact: Gives community a chance to help
raise money and awareness for Cancer programs, services
and research.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set up begins
at 10:30am April 27 and Breakdown ends at 1:00pm
April 28th.

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The event will be held outside on the track at the Barry T. Ferguson Complex
11. Expected number of participants and estimated attendance (per day, if applicable): 500 people
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): See attached

I hereby certify that all the statements made in this application are true and correct.

Michael Spel
Signature of Authorized Representative

4-6-12
Date

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RELAY FOR LIFE
2011/2012 BUDGET PLANNING FORM

UNIT: Dade/Monroe
SITE: Northwest Dade
DATE: 4/27/2012
STAFF PARTNER: Carla Hibbert

Total Expenses

Donor Benefit Costs (also known as DBCs and Direct Expenses) are in blue (or shaded). According to our RFL Standards, DBCs cannot be more than 10% of your Gross Income. In addition, you are encouraged to keep your expenses at a minimum (recommended below 8%).

Codes	Expense	Actual Expenses 2010/11	Projected Expenses 2011/12	YTD Expenses 2011/12
40201	Food & Beverage	\$0	\$300.00	\$0.00
40201	Logistics	\$490	\$1,000.00	\$0.00
40201	Entertainment	\$800	\$300.00	\$0.00
40201	Decorations	\$70	\$100.00	\$0.00
40201	Print Materials	\$368	\$1,200.00	\$0.00
40201	Gifts & Favors	\$230	\$200.00	\$0.00
40201	Event Awards	\$95	\$300.00	\$0.00
40201	Luminaria	\$174	\$150.00	\$0.00
40201	Sponsorship	\$100	\$100.00	\$0.00
40201	Post Event	\$100	\$100.00	\$0.00
40201	Miscellaneous	\$148	\$100.00	\$0.00
40205	Special Event Non Cash Prizes		\$0.00	\$0.00
40208	Special Event Rent / Facility Costs	\$0	\$0.00	\$0.00
51052	Print - Educational & Fundraising	\$893	\$1,000.00	\$0.00
51054	Print - Meetings and Conferences	\$958	\$200.00	\$0.00
51058	Print - Office Expense		\$0.00	\$0.00
51100	Meetings	\$100	\$400.00	\$0.00
51110	Training & Orientation		\$0.00	\$0.00
51040	Medals & Awards	\$200	\$130.00	\$0.00
50910	Rental Fees		\$0.00	\$0.00
50700	Postage & Shipping		\$240.00	\$0.00
51200	Travel & Transportation	\$1,283	\$750.00	\$0.00

**See Expense Worksheet for a complete listing and to populate this year's projected and actual expenses

Total Direct Expense (DBC's)

Total Indirect Expense (budgeted)

In-kind Donors: Vendor

Comm. Barbara Jordan

?

?

City of Miami Gardens

Total Value for In Kind Gifts

Quantity

Item

Showmobile, generator, light towers, trash cans, police
Survivor Dinner and tent decorations
Closing Ceremony Breakfast
Relay and meetings site

COST

\$5,000.00

\$500.00

\$150.00

\$5,650.00



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: _____

EQUIPMENT REQUESTED: Showmobile Large

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Barbara J. Jordan,
Commission District #1

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: SPCC 111 NW 1st Street Suite 220 Miami, FL 33128

NAME/TITLE OF THE EVENT: Relay for Life of Northwest Dade 2012

ADDRESS OF EVENT: Betty T. Ferguson Complex 3000 N.W. 199th Street

TODAY'S DATE: 03/22/12 **DATE (S) & TIME OF EVENT:** 04/27/12 – 04/28/12

SET-UP TIME & DAY: 1PM 04/27/12

TAKE-DOWN & DAY: 10AM 04/28/12

CONTACT PERSON/PHONE: _____

AT SITE CONTACT/CELL PHONE#: _____

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. **We also understand that the total fee is to be remitted (15) fifteen working days before the event.**

***Fee: \$1,750.00 In-kind District #1**

Signature: _____

***(SEE FEE SCHEDULE FOR EXACT CHARGES)**

Commissioner Barbara J. Jordan

Agency/Group: Commission District #1

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the
confirmation Form is filled out completely and signed.**

Late equipment arrivals, please call (786) 236-7926

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Event Dates: Friday, April 27, 2012 - Saturday, April 28, 2012

Pending Approval

District 1 Northwest Dade Relay for Life Event
Event Location: Betty T. Ferguson Complex - 3000 NW 199 Street
6:00 p.m. - 8:00 a.m.

Collection Operations - Garbage Division

Classification:	Activity	Event Location	# of Pos.	Rate	Hrs/Day	Days/Week	Salaries	Fringes	Amount
Delivery on Friday, April 27, 2012 at 3:00 p.m.		Pick-up on Saturday, April 28, 2011 at 8:30 a.m.							
Semi-Skilled Laborer	Waste Cart Delivery	Betty T. Ferguson Complex - 3000 NW 199 Street (drop off carts anywhere on the football field)	1	\$12.85	2	1	\$25.70	\$10.28	\$35.98
Waste Truck Driver (OT)	Collection Service to ten (10) Waste Carts & Waste Disposal	Betty T. Ferguson Complex - 3000 NW 199 Street	1	\$33.44	4	1	\$133.78	\$53.51	\$187.29
Semi-Skilled Laborer (OT)	Collection of ten (10) Waste Carts & Delivery to the 58th Street Facility	Betty T. Ferguson Complex - 3000 NW 199 Street	1	\$19.28	4	1	\$77.11	\$30.84	\$107.95
Total Labor							\$77.11	\$30.84	\$331.23

Container & Disposal Fee	Units/Miles	Rate	Hrs/Tons/Gallons	Days/Week	Amount
Disposal/Ton @ \$60.43	0.63	\$60.30	2	1	\$120.60
Total Waste Carts	10		Total Fees		\$120.60

Summary	
Description	Amount
Salaries & Fringes	\$331.23
Disposal Fee	\$120.60
Total	\$451.83

Larry Gardner - (305) 474-3011/(786) 251-8745

D-1

Name of person requesting (please print)



Department/
District No.

In-Kind

Date

Index Code Required/ Resolution No.

2/16/2012

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS																							
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Previous on List	Next on List	Return To List		<input type="text" value="Entity Name Search"/>																			
Events	No Name History			<input type="button" value="Submit"/>																			
<h2>Detail by Entity Name</h2> <h3>Foreign Non Profit Corporation</h3> <p>AMERICAN CANCER SOCIETY, INC.</p> <h3>Filing Information</h3> <table><tr><td>Document Number</td><td>F01000002790</td></tr><tr><td>FEI/EIN Number</td><td>131788491</td></tr><tr><td>Date Filed</td><td>05/24/2001</td></tr><tr><td>State</td><td>NY</td></tr><tr><td>Status</td><td>ACTIVE</td></tr><tr><td>Last Event</td><td>CANCEL ADM DISS/REV</td></tr><tr><td>Event Date Filed</td><td>11/05/2004</td></tr><tr><td>Event Effective Date</td><td>NONE</td></tr></table> <h3>Principal Address</h3> <p>250 WILLIAMS ST. NW ATLANTA GA 30303-1002 Changed 06/08/2007</p> <h3>Mailing Address</h3> <p>OFFICE OF CORP. COUNSEL 250 WILLIAMS STREET ATLANTA GA 30303-1002 Changed 04/08/2008</p> <h3>Registered Agent Name & Address</h3> <p>NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE FL 32301 US Name Changed: 06/28/2005 Address Changed: 02/11/2011</p> <h3>Officer/Director Detail</h3> <table><tr><th>Name & Address</th></tr><tr><td>Title P EVANS, W. PHIL MD 250 WILLIAMS STREET ATLANTA GA 30303-1002 US Title S KUGLER, ROBERT R 250 WILLIAMS STREET</td></tr></table>						Document Number	F01000002790	FEI/EIN Number	131788491	Date Filed	05/24/2001	State	NY	Status	ACTIVE	Last Event	CANCEL ADM DISS/REV	Event Date Filed	11/05/2004	Event Effective Date	NONE	Name & Address	Title P EVANS, W. PHIL MD 250 WILLIAMS STREET ATLANTA GA 30303-1002 US Title S KUGLER, ROBERT R 250 WILLIAMS STREET
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ATLANTA GA 30303-1002 US

Title TREASURER

HEIST, DANIEL P
250 WILLIAMS STREET
ATLANTA GA 30303-1002 US

Title CFO

MICKLE, CATHERINE E
250 WILLIAMS STREET
ATLANTA GA 30303-1002 US

Title AS

HALE, F. SHEFFIELD
250 WILLIAMS STREET
ATLANTA GA 30303-1002

Title CEO

SEFFRIN, JOHN R PHD
250 WILLIAMS STREET
ATLANTA GA 30303-1002 US

Annual Reports

Report Year Filed Date

2010	02/23/2010
2011	03/03/2011
2012	03/14/2012

Document Images

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Memorandum



Date: June 5, 2012

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over the subject line.

A retroactive waiver for in-kind services has been requested by a non-for-profit, American Cancer Society, Inc., for their "Northwest Relay for Life" event held on April 27 - 28, 2012.

In-kind services have been requested in an amount not to exceed \$1,750 from the Parks, Recreation, and Open Spaces Department for the use of a large showmobile; \$451.83 from the Public Works and Waste Management Department for the use of ten waste carts; and \$660.40 from the Police Department for the use of a large tent, two light tower generators, and tables and chairs. This event will be funded from the unspent balance of the District 1 FY 2008-09 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Debra Vega", written over a horizontal line.

Deputy Mayor

Inkind012012